

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048152

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

545

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 6 1963

1. PLACE OF DEATH

a. COUNTY

CAPE GIRARDEAU

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CAPE GIRARDEAU

Length of stay in 1b  
16 days

c. CITY OR TOWN RURAL KEASO TWP

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. FRANCIS HOSP

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1/2 MINE of ILLMO

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First MIDDLE Last  
HIRAM HUBERT WALKER

4. DATE OF DEATH  
Month Day Year  
Dec 1, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug 11, 1891

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Keosauqua, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Geo. Washington Walker

13b. MOTHER'S MAIDEN NAME

Theresa Kilemann

14. NAME OF HUSBAND OR WIFE

Hattie Morgan Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Hattie Walker Rt 1 Illmo. mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary edema

INTERVAL BETWEEN ONSET AND DEATH

2-3 days

DUE TO (b)

ASHD

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pneumonia and Uremia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-28-60 to 12-1-63 and last saw him alive on 12-1-63  
Death occurred at 4:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

James Marshall Jung read

22b. ADDRESS

Illmo Mo

22c. DATE SIGNED

12/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

St Josephs Catholic Cem

23d. LOCATION (City, town, or county)

Illmo, Missouri

24. FUNERAL DIRECTOR

ADDRESS

BISPLINGHOFF FUNERAL HOME Illmo. mo

25. DATE RECD. BY LOCAL REG.

12-4-63

26. REGISTRAR'S SIGNATURE

James Kasten

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Elmo Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.